

#8/A PA
8/7/03



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: **CHEN, George C. K.**

For (title): **ITU FREQUENCY/WAVELENGTH REFERENCE**

Filing Date: **9/27/2001**

Serial No: **09/967,090**

Examiner: **CHANG, Audrey Y.**

Art Unit: **2872**

Mail Stop No Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450

Certificate of Mailing (37 CFR 1.8(a))

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, DC 20231.

JULY 22, 2003

(Date)

Patricia Beilmann

(Signature of person mailing paper)

PATRICIA BEILMANN

(Typed or printed name of person mailing paper)

RESPONSE TO OFFICE ACTION

Examiner Chang:

In response to the Office Action dated 5/21/2003, Applicant submits the following remarks and amendments, currently due on a statutory period for response expiring on 8/21/2003. It is believed that no extension of time is necessary.

The Examiner has stated, on the Office Action Summary, that Claims 1-4 are pending, and Claims 1-14 are rejected. Applicant submits the following response to the Office Action including the following amendments:

In the specification:

Please replace the line beginning on line 11 of page 1 with the following rewritten line:

As the use of optical devices for communications and other applications increases, the need for accurate calibration of optical devices such as optical spectrum analyzers and tunable lasers has grown rapidly.

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TECHNOLOGY CENTER 2800

n/c



2872

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Chen, George C.K.

Docket No: 60617.300501

Serial No: 09/967,090

Group Art Unit: 2872

Filing Date: September 27, 2001

Examiner: Chang, Audrey Y.

For: "ITU FREQUENCY/WAVELENGTH REFERENCE"

MS Non Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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TRANSMITTAL

☒ Transmitted herewith is a Response to Office Action for this application.

STATUS

☒ Applicant is
☒ a small entity.
☐ other than a small entity.

EXTENSION OF TIME

☐ Applicant petitions for an extension of time under 37 CFR 1.136 for the total number of months checked below:

	Extension (months)	Fee for other than small entity	Fee for small entity
<input type="checkbox"/>	one month	\$ 110.00	\$ 55.00
<input type="checkbox"/>	two months	\$ 410.00	\$205.00
<input type="checkbox"/>	three months	\$ 930.00	\$465.00
<input type="checkbox"/>	four months	\$1,450.00	\$725.00

Fee \$ _____

☐ If an additional extension of time is required please consider this a petition therefor.

☐ An extension for _____ months has already been secured and the fee paid therefor of \$ _____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$ _____

CERTIFICATE OF MAILING (37 CFR 1.8(a))

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited on July 22, 2003, with the U.S. Postal Service as first class mail in an envelope addressed to: MS Non Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Date: July 22, 3003

Patricia Beulman



Applicant believes that no extension of time is required. However, this conditional petition is hereby made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS



The fee for claims (37 CFR 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)		(Col. 2)	(Col. 3)	SMALL ENTITY	OR	OTHER THAN A SMALL ENTITY	
Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee	Rate	Addit. Fee
Total *	Minus *0*	=		x9=	\$	x18=	\$
Indep. *	Minus *0*	=		x42=	\$	x84=	\$
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+140=	\$	x280=	\$
				TOTAL ADDIT. FEE	\$	OR	TOTAL ADDIT. FEE
							\$



No additional fee for claims required.



Total additional fee for claims required \$ _____.

FEE PAYMENT



Attached is a check in the sum of \$ _____.



Charge Account No. 08-3240 the sum of \$ _____.

A duplicate of this transmittal is attached.

FEE DEFICIENCY



In the event that: a) no check to cover the filing fee is enclosed, b) any above-referenced check is inadvertently omitted or lost, or c) any enclosed check is in an amount less than or greater than the required fee, the Commissioner is authorized to charge any required fees, additional fees, or credit any overpayment to Deposit Account 08-3240. A duplicate of this authorization is enclosed for that purpose.



Attached is a postcard for date-stamped return as confirmation of receipt of these materials.

Date: July 22, 2003

Larry B. Guernsey

LARRY B. GUERNSEY

Reg. No. 40,008

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